



## Complete Summary

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### TITLE

Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled regarding the risks of alcohol consumption at least once within the 12 month reporting period.

### SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled regarding the risks of alcohol consumption at least once within the 12 month reporting period.

### RATIONALE

Minimize progression of liver disease. Higher levels of alcohol promote the development of progressive liver disease, with strong evidence for the detrimental effects of 30 g/day in men (approximately equivalent to 2 beers, 2 glasses of wine, or 2 mixed drinks) and 20 g/day in women. Lower amounts of alcohol also may increase the risk of liver damage associated with hepatitis C virus (HCV).\* (National Institutes of Health [NIH])

\*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Higher levels of alcohol use play an important role in promoting the development of progressive liver disease, with strong evidence for the detrimental effects of 30 g/day in men (approximately equivalent to 2 beers, 2 glasses of wine, or 2 mixed drinks) and 20 g/day in women. Lower amounts of alcohol also may increase the risk of liver damage associated with HCV. (NIH)

Abstinence should be recommended before and during antiviral treatment in alcoholic persons, and treatment of alcohol abuse should be linked with efforts to treat hepatitis C in alcoholic patients. A safe level of alcohol consumption in patients with hepatitis C has not been established. (American Gastroenterological Association [AGA])

## **PRIMARY CLINICAL COMPONENT**

Hepatitis C virus (HCV); counseling; risks of alcohol consumption

## **DENOMINATOR DESCRIPTION**

All patients aged 18 years and older with a diagnosis of hepatitis C

## **NUMERATOR DESCRIPTION**

Patients who were counseled\* regarding the risks of alcohol consumption at least once within the 12 month reporting period

\*Counseling may include documentation of a discussion regarding the risks of alcohol, or notation to decrease or abstain from alcohol intake.

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [American Gastroenterological Association medical position statement on the management of hepatitis C.](#)

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement  
National reporting

### **Application of Measure in its Current Use**

#### **CARE SETTING**

Ambulatory Care  
Physician Group Practices/Clinics

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Individual Clinicians

#### **TARGET POPULATION AGE**

Age greater than or equal to 18 years

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

#### **INCIDENCE/PREVALENCE**

Unspecified

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Living with Illness

## **IOM DOMAIN**

Effectiveness  
Patient-centeredness

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

All patients aged 18 years and older with a diagnosis of hepatitis C

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients aged 18 years and older with a diagnosis of hepatitis C

### **Exclusions**

None

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients who were counseled\* regarding the risks of alcohol consumption at least once within the 12 month reporting period

\*Counseling may include documentation of a discussion regarding the risks of alcohol, or notation to decrease or abstain from alcohol intake.

### **Inclusions**

None

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Fixed time period

## **DATA SOURCE**

Administrative data  
Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

## **PRE-EXISTING INSTRUMENT USED**

Unspecified

## **Computation of the Measure**

## **SCORING**

Rate

## **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Measure #8: counseling regarding risk of alcohol consumption.

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Hepatitis C Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the American Gastroenterological Association Institute and Physician Consortium for Performance Improvement®

**DEVELOPER**

American Gastroenterological Association Institute  
Physician Consortium for Performance Improvement®

**FUNDING SOURCE(S)**

Unspecified

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **ENDORSER**

National Quality Forum

## **INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2006 Dec

## **REVISION DATE**

2008 Jun

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

## **MEASURE AVAILABILITY**

The individual measure, "Measure #8: Counseling Regarding Risk of Alcohol Consumption," is published in "Hepatitis C Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on February 27, 2009. The information was verified by the measure developer on May 21, 2009.

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